RI SOS Filing Number: 202576680460 Date: 7/8/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2025

→ Filing period: February 1 - May 1

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→ Filing Fee: \$20.00		2,5	7		
→ Penalty Additional \$25.00 fee if form is not filed by May 31.					
Entity ID Number 2. Exact name of the Corporation	~ ~				
001699379 Centro Cristiano	Janando Coraz	ones			
3 State of Incorporation 5. Brief description of the character	of business conducted in Rhode Isl	and o 10			
This is a Non-	trofit Church, WE	teach Th	4 COSH		
4 NAICS Code Religious To the Comunity, A	Profit Church, We bout Faith and Be	elive in Je	PSy s		
	dand Clothes to	í n	1 (1		
6. Principal Office Address	City	State /	Zıp		
95 Larch St #8	East troudence	KI	02914		
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Hida I. Toyenst	Vice-President Name Wancy	Ramire	2		
Street Address 95 Larch St #8	Street Address 196 Burns	de St#	2		
City East Providence State RI 2102914	city Providence	State	^{Zip} 02905		
Secretary Name Damaris Jayer	Treasurer Name LOLQ	aulino			
Street Address 6/ Federal St #2	Street Address (395 Brid	pad St	#2		
City Providence State RI 202903	city Providence	T T	Z ₁ 0 2905		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment					
Director Name Hilda I Toyenst	Director Name Nancy	Ramire	7		
		119_1111	11 A		
Street Address 95 Larch St 48	Street Address 96 Buch	iside St	-#ル		
City 1	City D)	side St State RI			
City East Providence State RI 202914	196 Barr	T	z _φ 02 905		
City East Providence State RI 202914 Director Name Lola Paulino	Cny Providence	T			
City East Providence State RI 202914 Director Name Lola Paulino Street Address 1395 Broad St #2	City Providence Director Name	T			
City East Providence State RI 202914 Director Name LoLa Paulino Street Address 1395 Broad St #2 City Providence State RI 202909	City Providence Director Name Street Address City	State R I	^{Zip} 02 905		
City East Providence State RI Zio 2914 Director Name LoLa Paulino Street Address 395 Broad St #2 City Providence State RI Zip 2909 9. The Registered Agent information of record with the RI Department of Under penalty of perjury, I declare and affirm that I have examined	City Providence Director Name Street Address City of State is accurate. Changes require	State State filing Form 641.	Zip 02 905 Zip		
City East Providence State RI Zip 2914 Director Name Lo La Paulino Street Address 1395 Broad St #2 City Providence State RI Zip 2909 9. The Registered Agent information of record with the RI Department of Under penalty of perjury, I declare and affirm that I have examined statements, and that all statements contained herein are true and	City Providence Director Name Street Address City of State is accurate. Changes require this report, including any accompany correct.	State State State filing Form 641. panying schedules	Zip 02 905 Zip		
City East roviding State RT Zib 2914 Director Name LOLa Paulino Street Address 395 Broad St City Providence State RT Zip 2909 9. The Registered Agent information of record with the RI Department of the Under penalty of perjury, I declare and affirm that I have examined statements, and that all statements contained herein are true and This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary	City Providence Director Name Street Address City of State is accurate. Changes require this report, including any accompany correct.	State State State filing Form 641. panying schedules	Zip 02 905 Zip		
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City East Providence State RI Zio 2914 Director Name LOLa Paulino Street Address 395 Broad St #2 City Providence State RI Zip 2909 9. The Registered Agent information of record with the RI Department of Under penalty of perjury, I declare and affirm that I have examined statements, and that all statements contained herein are true and This report must be signed by either the President, Vice-President. Secretary Assistant Secretary Assista	City Providence Director Name Street Address City of State is accurate. Changes require this report, including any accompletered. cretary, Treasurer, duty Authorized Representations.	State State State filing Form 641. panying schedules	Zip 02 905 Zip		
City East roviding State RT Zib 2914 Director Name LOLa Paulino Street Address 395 Broad St City Providence State RT Zip 2909 9. The Registered Agent information of record with the RI Department of Under penalty of perjury, I declare and affirm that I have examined statements, and that all statements contained herein are true and This report must be signed by either the President, Vice-President, Secretary Assistant Secondary Control of Contr	City Providence Director Name Street Address City of State is accurate. Changes require this report, including any accompletered. cretary, Treasurer, duty Authorized Representations.	State State State filing Form 641. panying schedules	Zip 02 905 Zip		

Phone: (401) 222-3040 Website: www.sos.ri.gov